

**TESTIMONY OF KLAMATH COUNTY SHERIFF TIMOTHY M.  
EVINGER TO THE CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES, COMMITTEE ON  
GOVERNMENT REFORM  
PENDLETON, OREGON  
OCTOBER 14, 2005**

- **My name is Tim Evinger. I am the Sheriff of Klamath County, Oregon and I have been a law enforcement officer for the past 17 years. I have personally witnessed the increased use of methamphetamine in Klamath County during that time and I have been fortunate to be involved in model programs that have worked well. Oregon has certainly led the way in the battle against methamphetamine. With the help of the federal government, I believe that we can actually win this battle.**
- **Leaders in Oregon have the misfortune of being at the forefront of the nation's methamphetamine epidemic. We now have many years of failures and successes in our attempt to address this problem.**
- **Methamphetamine is rapidly eroding our society's values and is threatening future generations as the cycle of addiction continues. The methamphetamine epidemic has spread across our nation and must be addressed as a nation wide problem.**
- **Unlike other drugs that are produced by growing marijuana, poppy or coca, methamphetamine is a completely synthetic drug and as a result, we have the power to curtail the supply of ephedrine, the primary ingredient used to manufacture methamphetamine. We can curtail methamphetamine manufacture with federal legislation.**
- **Significant results could be gained by the federal government enacting legislation to deal with ephedrine production:**
  - **Ephedrine is produced primarily by only four countries in the world; China, India, Germany and the Czech Republic.**

- **Many suggest that our government should address the commercial manufacture and sale of ephedrine at least as aggressively as it has with the cultivation of poppy in the Mid-East and the growing of coca in South America. Our government should impose sanctions to countries that refuse to submit to a standardized reporting and production procedures.**
- **The federal government should more strictly control the sale of products using ephedrine as an ingredient. Oregon's model has worked quite well as we have seen a marked decline in methamphetamine labs since over-the-counter cold medicines containing ephedrine have been restricted. There are now substitutes available for cold medicines that do not contain ephedrine.**
- **Perhaps medicines containing ephedrine should be listed in the controlled substance act. Drug manufactures might be given incentives to produce cold medicines with ingredients other than ephedrine.**
- **While I come from a law enforcement background, it has become obvious that (while it is a critical component) law enforcement alone cannot adequately address the methamphetamine epidemic. Western States have now had several years to analyze the consequence of this drug and we have learned valuable lessons through trial and error. Costs in dollars as well as to our social fiber are staggering.**
  - **Oregon has the single highest methamphetamine addiction documented in the nation.**
  - **More than half of Oregon's foster child placement involves methamphetamine abuse in the home.**
  - **Oregon has seen a 17% increase in reports of child abuse or neglect from 2001 to 2003.** Clearly, a loving family is the best place for kids, but when it's clear that kids are being put in dangerous situations because of their parents' meth habit, they need protection." research shows that almost four out of 10 of the

children who are re-abused or neglected rather than put in safe foster homes will become violent criminals. When no safe foster home is available, how high does the risk of further abuse and neglect have to be before I remove a child from a home? Innocent lives hang in the balance

- **Methamphetamine use has spread disproportionately to suburban and rural areas and its use is on the rise across the nation. This phenomenon has placed particular burden on rural law enforcement agencies that cannot afford to address the issue. In Klamath County alone, drug enforcement officers also face another danger. They seized 140 firearms in the last calendar year.**
- **Oregon's medical examiner recorded 78 methamphetamine related deaths in 2003, a 20% increase from the year prior and a 56% increase from 2001. This is an epidemic.**
- **Methamphetamine is an inexpensive drug that is readily accessible and its effects last as much as 10 times longer than other drugs. In Klamath County last year, Meth related arrests out numbered other drug arrests 5:1**
- **According to the most recent national data, 607,000 people are current users of methamphetamine (having used the drug within the last 30 days). Over the past one year, 1.3 million people admitted to methamphetamine use.**
- **58% of county law enforcement agencies report that methamphetamine is their largest drug problem.**

**Nearly 1/2 of those supervised by a probation officer in Klamath County are on supervision for a Meth related crime.**

- **Organizations must tear down walls and work together in order to succeed in this endeavor.**
- **The problem has spread so rapidly from the Western U.S., across the nation that in my opinion, it has become a national problem**

**of epidemic proportion and we need the help of the federal government to combat this war.**

## **WHAT CAN THE FEDERAL GOVERNMENT DO TO HELP?**

- Stable funding to the state for foster care is critical. The federal government certainly should not institute the proposed funding cap to states for foster care in the President's budget. States regularly see double digit increases in foster care needs (mostly due to methamphetamine abuse) and they cannot fund these increases without help from the federal government. Without sufficient funding, our children and future generations will suffer the effects of this drug.**
- Local law enforcement across the West has suffered funding reductions to the point they can no longer respond to the basic calls from the citizens it is suppose to protect. Dedicated funding (without long-term obligation from the hiring authority or excessive bureaucratic red tape) for drug enforcement is a key component to this problem. This is an especially troubling component because methamphetamine addiction has spread through areas who can least afford to address the problem.**
- HIDTA funds are only available to local drug teams that have a federal representative assigned to the team. As a result, teams are severely limited when working large-scale suppliers because of lack of funding needed to investigate the upper level suppliers to our communities. HIDTA funds should be shared with multi-agency teams who do not have DEA or other federal agents assigned to their teams. Teams who receive HIDTA funds actually use Klamath County's drug statistics to enhance their funding without sharing any funding with our county. Additionally, we have been significantly handicapped by changes in Oregon's seizure laws in which our drug enforcement officer's operations are no longer largely funded by taking drug dealer's property away.**
- Congress should actively pursue the control of ephedrine manufacture from other countries. They should explore sanctions to countries that refuse to comply with the set requirements.**

## **WHAT CAN WE DO AT THE LOCAL LEVEL:**

- **We must realize that no single discipline can adequately address this problem.**
- **One model that has been successful in Oregon is a coordinated effort between law enforcement (actively pursuing not just large- scale dealers, but users as well); parole and probation offices sanctioning offenders who refuse to complete treatment; and successful integrated treatment programs such as the model used in Klamath County (where offenders who have completed the integrated program have less than 15% recidivism rate).**
- **Organizations must tear down bridges and work together. Leaders must be open minded and willing to listen to experts from disciplines other than their own in order to develop community based solutions based on local and national situations.**
- **Jurisdictions that have established community wide task forces have enjoyed success that other communities have not. These teams boost relationships and erode territorial squabbles.**

**Klamath County has taken a multi-disciplinary approach to the task force model. Through intense examination of the problem the group is preparing a report. I have seen the 1<sup>st</sup> draft of the task force's work and upon publication, there are several excellent recommendations that will need further exploration by law-makers. In summary, the six pronged approach is as follows:**

- **Law Enforcement: We need federal help to fight the battle. COPS grants have been waning and as we look at our local funding streams, we can barely keep our jails open and officers/deputies responding to calls. State government can make an impact. Narcotics detectives already report an increase in labs being dumped or abandoned. This Likely due to “cooks” not**

being to easily obtain cold medicine for processing and they don't want to be caught with their lab equipment if they are not using it. Now, the Federal government needs to do it's part on eliminating access to precursors entering the country as well as tightening our borders against the entry of finished product.

- **Health:** It is suggested that health department take up an aggressive education campaign. Educating communities, especially children and parents, of the dangers and signs of meth use.
- **Business:** Drug testing should be more prevalent in our business community. It should be cost effective. One suggestion is that businesses are offered a tax credit for drug testing vs.. writing it off as an expense. Drug testing in both the private and public sector need a thorough legal analysis and then simple guidelines provided to employers.
- **Treatment:** We are fortunate in Klamath County that treatment, in my opinion, is a valuable partner to law enforcement. Again through a consortium approach, recidivism is significantly reduced. Leveraging federal dollars for treatment is imperative and those funds must be coordinated to fund the right treatment and to not pit providers against one another.
- **Youth:** Schools must continue to partner with law enforcement. Working on character education, having school resource officers and making locker and property searches "expected" and commonplace in our schools is effective prevention. It is necessary for us to have early intervention and to share information between disciplines to make good risk assessments regarding our youth.
- **Faith based:** Churches and religious organizations have to be leading their members and be included in this very social problem. Mentoring programs are one way for the faith based community to be involved, one person at a time.

In closing, while the methamphetamine epidemic seems to be an overwhelming issue to our nation, in reality, (if we as leaders) maintain focus and see the problem as it truly is, we will prevail in eliminating the methamphetamine scourge from our society.

**ADDITIONAL WRITTEN TESTIMONY:-----**  
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Oregon law enforcement leaders are deeply concerned that a proposed new limit on national foster care funds will threaten the safety of vulnerable kids and increase crime in our state. The proposal would remove the current national commitment to abused and neglected children and force states to leave kids in dangerous homes. Research shows depriving abused and neglected children in need of foster care protection from getting that protection increases the risk of those children growing up to become violent criminals.

Law enforcement leaders and crime victims know that safe foster homes and services are essential for the more than 9,000 Oregon children in foster care if they are to heal from their abuse and neglect and grow up to be productive citizens. Safe foster homes are also necessary to protect others in Oregon from future crime, because research shows that four out of 10 children who are abused or neglected and left in their homes, but later need to be placed in foster care because of further abuse, commit violent crimes when they grow up.

We know that the Oregon foster care system is now under intense scrutiny. We are all aware of the two recent tragic cases in Clackamas County where a 5-year-old was found bruised and emaciated in an overcrowded and inadequately

monitored foster home, and a toddler died of head wounds after the state reunited him with his parents. We recognize that careful deliberations are now underway to make improvements. Today we are not here to lay any blame. Our goal is to ensure that Oregon can rely on national foster care funding to safeguard our most vulnerable children.

For over 25 years, the nation has maintained a commitment of assistance for each eligible abused or neglected child who needs a safe foster home. When the number of children needing a foster home increased, the federal government promised it would match the states' help for each eligible child. Now, that commitment may be abandoned, substituted with federal payments to states that would have rigid limits. This new "cap" was proposed as an option to states in the President's budget, and made mandatory for all states in legislation to be re-introduced shortly by U.S. House Ways and Means Subcommittee Chairman Representative Wally Herger (R-Calif.).

Unlike current law's commitment to match state payments for each eligible child who needs foster care, the new state cap would not budge even when child abuse caseloads surge. More than three-quarters of the states had an increase in demand for foster care in at least one of the four years from 1999 to 2003; and six states, including New Jersey and Texas, had at least a third more children in foster care at the end of the four years. Oregon has seen the number of kids in foster care increase from 2001 to 2003. The most recent increase was over 3 percent.

A major reason why Oregon needs so many foster homes is that the state treats more people for methamphetamine addiction per capita than any other state in



the country. Sadly, both abused and neglected children in the recent high profile cases originally came into the system from homes affected by methamphetamine. The combination of the growing epidemic of methamphetamine, and improved state efforts to identify more children who are being abused or neglected, are likely to increase the need for foster care in Oregon and many other states during the next several years.

Abused and neglected children who are re-abused because of the shortage of foster care, or who are placed in inadequate or unsafe foster care, will pay an enormous price, day after day, for the rest of their lives. However, they will not be the only victims of the proposed neglect of the foster care system. Others will also pay the price. Law enforcement and crime victims know that failing to protect and heal abused and neglected children sentence Oregon families to needless crime and violence. For example, research shows that when seriously abused or neglected children are left in dangerous homes and have to be placed in foster care later due to more abuse or neglect, they are 27 percent more likely to grow up to be violent criminals than if they had been removed the first time.

**A new report, *Abandoning Oregon's Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge*, that FIGHT CRIME: INVEST IN KIDS OREGON has released. The report's key finding is clear: The proposed new limit on national foster care funding would likely result in more children being abused and, when those abused children grow up, in more crime.**

**Child abuse and neglect is a serious problem in Oregon. According to Oregon's Department of Human Services there were 9,477 officially confirmed victims of child abuse or neglect in 2003, up 15 percent from 2001. That equals one in every 100 Oregon children. And, in 2003, there were 14 confirmed deaths from abuse or neglect. In 2003, 5,158 children were removed from their homes and placed in foster care.**

**I believe that, generally, the best place for children is with their families. But, when it's clear that their safety is at risk, they need protection. Foster care provides safe environments for abused and neglected children. A federal Child and Family Services Review of Oregon's child welfare system completed in 2001 reported that 6.8 percent of all victims of abuse and neglect in Oregon were re-abused or neglected within six months, typically by the people who originally abused them. This rate is eight times higher than the cases of abuse and neglect in Oregon foster care, at less than one percent (.8 percent).**

**In addition to their heightened risk of becoming violent criminals, the emotional scarring of children who have been abused or neglected continues to damage their lives for years to come. For example, they are more likely when they grow up to be unemployed, and they are two and a half times more likely to attempt suicide than other children.**

**Some politicians in Washington are proposing to abandon the commitment of safe foster homes to victims of child abuse and neglect. They want to stick a new rigid limit on national foster care funding. If the number of**

**kids being abused or neglected went up, Oregon and innocent abused and neglected children would likely be left with a shortfall in safe foster homes.**

When the number of children in need of foster care exceeds the capped funding, caseworkers will find themselves between a rock and a hard place, struggling with the question: “When no safe foster home is available, how high does the risk of further abuse or neglect have to be before I remove a child from a home?” The likely result: more abused and neglected children will be left in homes where they have already been beaten, sexually abused or severely neglected. Equally troubling, when funding is short, the children who are removed are more likely to wind up in overcrowded or unsafe foster homes instead of the nurturing homes they so badly need if they are to heal and go on to lead healthy, contributing lives.

The proposed capped payment to states in the legislation by Representative Herger only matches the inflation rate the first year; and in real, inflation adjusted numbers, is set to decline in subsequent years. Representative Herger has recently acknowledged that even the modest funding amounts in last year’s bill may be cut even further due to budget constraints when the legislation is re-introduced this year.

To make matters worse, capped funding to states historically are cut over time. Therefore, even if caseloads stay at current levels, states may soon have insufficient funds to help all of their abused and neglected children. The quality and safety of foster care placements would be jeopardized by lower funding, which would cause qualified foster parents to leave the system, to be replaced, if they are replaced at all, by less qualified foster

parents. The lack of high-quality foster parents or the simple lack of foster homes would mean that many children would face being left in dangerous homes.

**Law enforcement leaders are particularly concerned about a limit on national foster care dollars to the states, because we've watched the crack epidemic and now the methamphetamine epidemic produce a surge of child abuse and neglect, and thus, the need for more foster care.**

**Methamphetamine use was once concentrated in the west and southwest, but it has now spread to urban, suburban, and rural areas, and its use is now on the rise in Oregon. In fact, in 2003, the state medical examiner recorded 78 meth-related deaths, a 20 percent jump from the year before, and 56 percent higher than in 2001. According to *The Oregonian*, meth is the single biggest factor in the removal of children from abusive homes in Oregon. In Marion County, which has the highest rate of foster care in Oregon, 200 children were placed in foster care during the last three months of 2004, many of them pulled out of meth labs in the middle of the night. Marion County District Attorney Walt Beglau estimated that 30 percent of neglect cases reported in the county are linked to meth. In Salem, one to two children are born each week addicted to meth. The meth epidemic is widespread and affects all Oregon communities. For example, rural Umatilla County has more meth labs, per capita, than anywhere else in Oregon. The U.S. Drug Enforcement Agency (DEA) reported in its 2005 Oregon**

**fact sheet that Oregon “has a growing number of clandestine methamphetamine laboratories.”**

**No state may be harder hit by this epidemic than Oregon. Oregon treats more people for meth addiction per capita than any other state in the country. Ramona Foley, assistant director for Children, Adults and Families at Oregon’s Department of Human Services (DHS) has said, “I think if we had some miracle cure, and we no longer had to deal with meth, it would likely reduce the [abuse and neglect] caseloads by at least half.” Counties throughout Oregon are overwhelmed with more cases. Gary Weeks, director of DHS said, “One reason foster families are getting larger is to absorb the growing number of endangered children, many of them the sons and daughters of meth addicts or alcoholics and many of them facing their own medical or psychiatric problems as a result.”**

**Although law enforcement leaders are cracking down on meth and heroin use and busting meth labs across Oregon, the number of children abused and neglected because of their parents’ addictions to dangerous drugs will likely continue to rise. But, under the proposed new limit, there would be no commitment of national funding for these additional abused and neglected children. We threaten child and public safety if we do not have the means to place these vulnerable children in safe foster homes.**

As Oregon improves its ability to investigate and confirm cases of abuse and neglect, more safe foster homes will be necessary. Children First for Oregon,

citing the latest data available from the state, released a report in January 2005 saying reports of child abuse or neglect increased by 61 percent between 1994 and 2003. From just 2001 to 2003 reports of child abuse or neglect are up 17 percent and confirmed cases of abuse or neglect are up 15 percent. In 2003, less than half (48 percent) of the reports of children being harmed or at a substantial risk of being harmed received further investigation after the initial intake. The percentage of reports investigated also varied widely by county.

Additionally, improved efforts to help homeless youth would increase the need for foster homes. The Citizen's Crime Commission of Portland recently released a report decrying the treatment of the large number of homeless youth in Portland and throughout the state. The report noted that there are an estimated 11,781 incidences of runaways statewide in 2003. Many of the youths would be eligible for foster care because of their histories of severe abuse or neglect, but have not yet come to the attention of the child welfare system. In fact, the Portland commission was particularly critical of DHS, for not providing adequate foster care services to homeless youth.

There is another consequence of limiting national foster care funds to Oregon. Evidence shows that the intense need to meet the emergencies of abused and neglected children swamps prevention efforts. There are programs that are effective at preventing child abuse and neglect from happening in the first place, but their success can only be assured with separate, dedicated funding. Without dedicated funding both efforts to protect children are undermined. And Oregon's important Healthy Start in-home parent coaching program could be threatened.

Research shows that in-home parent coaching programs – where nurses or trained professionals provide parenting coaching and other skills to at-risk new mothers – work to prevent most abuse and neglect in at-risk families. A study of the Nurse Family Partnership program – one model that we have in Oregon – showed that children of mothers left out of the program were five times more likely to be abused or neglected than children of mothers who received services. Also, as they grew up, the children of mothers left out of the program had twice as many arrests as the children of mothers who received home visits. We know from research that quality in-home parent coaching programs can save taxpayers four dollars for every dollar invested, paying for itself by the time the children are just 3 years old.

Oregon is one of the few states that have made a major commitment to in-home parent coaching. Ten years ago, Oregon launched Healthy Start. Today, Healthy Start has a program in all 36 counties. FIGHT CRIME: INVEST IN KIDS *OREGON* has praised Oregon Healthy Start for reducing child abuse and neglect and improving the health and welfare of families.

Unfortunately, large increases in funding for programs that prevent abuse or neglect, like Healthy Start, are unlikely under the proposed changes to the federal child protection system because the responsibilities of child protection agencies would not change to emphasize primary prevention in place of treatment. Child welfare agencies in Oregon and across the United States are obligated to provide services, monitoring, and care to the children who are already harmed. States need additional money for primary prevention to stop abuse and neglect from happening in the first place, because they will not be able to redirect significant amounts of funding from children already abused or

neglected. A study by the U.S. Government Accountability Office (GAO) confirmed that unless federal funding was specifically directed at primary prevention efforts, it went overwhelmingly for those who were already victims of abuse and neglect.

Oregon is now facing financial pressure to cut the state's own commitment to in-home parent coaching of at-risk parents. Without a more concerted effort to directly fund primary prevention efforts, the goal of reducing abuse and neglect is unlikely to be realized under the current proposals.



I have also included a few telling studies and articles as additional written testimony:

INDEX:

***Unnecessary Epidemic*** – *An in-depth investigative report by Steve Suo of the Oregonian – October 3, 2003*

***Oregon Health Science University RCHC Community Project Abstracts*** – *a summary of surveys conducted in 2005 throughout Oregon involving several aspects of methamphetamine consequences on society.*

***Fight Crime: Invest in Kids Oregon*** – *News release March 23, 2005*

## UNNECESSARY EPIDEMIC

### Unnecessary epidemic

Sunday, October 03, 2004

STEVE SUO

A decade ago, federal authorities choked off the supply of chemicals needed to make methamphetamine, a cheap, potent stimulant that was devastating the West.

The drug grew scarce, and rehab centers saw fewer meth patients. Emergency rooms reported fewer meth overdoses. Fewer people were arrested for possessing the drug. Identity theft and car theft -- crimes typically committed by meth addicts -- fell in several Western cities.

Federal agents had vastly improved the quality of life, but they didn't know it.

Within a year, the drug cartels that make most of the nation's methamphetamine found new ways to obtain their ingredients, taking advantage of a loophole left open by Congress. As a result, meth use rebounded, and the epidemic spread eastward. Today, an estimated 1.3 million Americans smoke, snort or inject the drug.

An investigation by The Oregonian shows that Congress and federal authorities could have contained the methamphetamine epidemic, and still can.

The investigation establishes for the first time that methamphetamine traffickers are uniquely vulnerable to government pressure.

Methamphetamine differs from heroin and cocaine, which are distilled from plants grown across vast stretches of South America and Asia. Drug dealers create meth from ephedrine or pseudo ephedrine, chemicals used to make cough and cold remedies such as Sudafed. Only nine factories manufacture the bulk of the world's supply.

Deprive traffickers of ephedrine and pseudo ephedrine, and the meth trade withers.

Peter Reuter, a leading drug expert and longtime skeptic of the government's ability to disrupt the drug trade, said The Oregonian's findings were startling. Reuter called them the first convincing evidence that government and law enforcement agencies could substantially reduce meth addiction.

The research, he said, shows that tightening control over the supply of meth chemicals would make "a significant difference to the criminal interests" while modestly inconveniencing consumers.

"I have been asked in the course of the presidential campaign, 'Why doesn't anyone talk about drugs?' " said Reuter, a University of Maryland professor who served on the Clinton administration's meth task force.

The answer, Reuter said, is that no candidate has a plausible approach.

"Here, you actually do have a better idea."

The Oregonian found striking correlations between government actions and meth abuse. In two periods -- 1995-96 and 1998-99 -- federal authorities interrupted the flow of chemicals to drug cartels. Each time, crime and addiction fell in tandem as the price of the drug rose.

The Oregonian discovered these previously overlooked successes by examining millions of reports on arrests, emergency room admissions, drug treatment, and the price and potency of meth seized by drug agents.

Until now, federal officials were unaware of the extent to which their policies succeeded.

The U.S. Drug Enforcement Administration began calling for much tighter control over ephedrine and pseudo ephedrine nearly two decades ago.

But lawmakers were reluctant to interfere with the legitimate trade and said the DEA had no proof the approach would work. The pharmaceutical industry lobbied its allies on Capitol Hill and in the White House to delay or soften legislation that would have harmed the \$3 billion market in popular cold products.

When Congress finally gave the DEA broad authority over the trade in pseudo ephedrine in 1996, the agency did not take full advantage of the powers it had sought.

The agency allowed companies it licensed to continue selling cold medicine, even after 20, 30, 40 written warnings that their products were found in meth labs.

The DEA said it has tightened its registration program since 2000, when a number of officially approved dealers were charged with supplying pseudo ephedrine to meth traffickers. In a written statement, the agency said it had "always considered" the control of meth chemicals a "high priority."

Meth abuse is particularly widespread in Oregon, which treats more people for meth addiction per capita than any other state in the country.

The drug, sold in powder or rock form, delivers an intense rush. A few hits cost just \$25. Heavy users stay awake for days, growing paranoid and aggressive before crashing into sleep.

Gov. Ted Kulongoski now calls meth the most pressing crime issue facing the state. Police in Portland and surrounding suburbs say that meth users are responsible for thousands of identity thefts each year.

In rural communities such as Coos County on the Oregon coast, social workers say meth abuse plays a role in most cases of child abuse and neglect.

The story is repeated in communities across much of the country. More people are now in rehab for meth addiction than for cocaine or heroin in 16 states. And recent treatment data show the drug is rapidly drawing new users in places such as Illinois, Kentucky, Alabama and Georgia.

The problem has been slow to reach the attention of national policymakers, in part because the threat remains distant from the nation's major East Coast cities.

Authorities in Portland, Spokane, San Diego and Phoenix report that 25 percent to 38 percent of men arrested for any crime have methamphetamine in their bloodstream. The comparable rates in New York and Washington, D.C., are less than 1 percent.

Nancy Bukar, a lobbyist for the Consumer Healthcare Products Association, argues that the regional nature of the problem weighs against further restrictions on pseudo ephedrine products.

"You've got to strike a balance here," said Bukar, whose group represents pharmaceutical companies. "Yes, they're being used in an illegitimate fashion by some people, but the major majority of people are using it for colds and to unstuff noses."

Over the past decade, meth traffickers have displayed an uncanny ability to outwit regulators and obtain their raw materials. But former DEA officials say the government has failed to make a concerted effort to deprive traffickers of two chemicals produced in only four countries.

The Oregonian's study shows that a national strategy to halt the flow of meth chemicals could be accomplished with little effect on consumers and relatively low cost to taxpayers.

U.S. diplomats could work with officials in India, China, the Czech Republic and Germany to more closely track every sale of pseudo ephedrine from the few factories that produce it. Right now, DEA officials review only exports from those countries to the United States and Mexico.

U.S. diplomats could work with officials in India, China, the Czech Republic and Germany to more closely track every sale of pseudo ephedrine from the few factories that produce it. Right now, DEA officials review only exports from those countries to the United States and Mexico.

That approach failed to immediately detect a huge smuggling route through Canada that opened in the late 1990s.

The National Institute on Drug Abuse, which spends \$1 billion a year on addiction research, could dedicate some money to developing an effective decongestant that cannot be converted into meth.

Pfizer, one of the leading sellers of cold medicine in the United States, holds the patent to such a medicine. It has never been brought to market, Pfizer says, because it was not enough of an improvement as a cold medicine to make it commercially viable.

The government could provide incentives for drug companies to create such a product, just as it already subsidizes research on unprofitable "orphan drugs" that promise cures for rare diseases.

Finally, the DEA could take a more aggressive approach to overseeing the trade in the two key chemicals used to make meth. The agency spends \$700 million annually eradicating coca plants in South America. It devotes only \$20 million to tracking the flow of pseudo ephedrine and ephedrine -- the same amount the city of Portland spends annually on its motor pool.

John Coleman, DEA's former chief of operations, said the agency "could do a lot of phenomenal things" if it put more money into regulating drug chemicals.

"We're keeping the accomplishments low by keeping the staffing low," said Coleman, who also served as head of the DEA's offices in Boston and Newark, N.J.

"It's not very hard, really," he said. "It's just like shooting fish in a barrel. But you have to have the bodies."

### **Trend across states**

The Oregonian set out to understand what caused the explosive growth in meth abuse during the 1990s.

First, the newspaper analyzed the records of 282,000 people entering rehabilitation programs for methamphetamine abuse in Oregon, Washington and California from 1992 to 2000. Their names were obscured to protect their privacy.

Researchers who study drug abuse have used treatment statistics as a barometer of the number of addicts. Just as population growth can be seen in clogged freeways, a rise in patients reporting to rehab centers is a sign that the drug problem is worsening.

The rise and fall of patients in rehab is an imperfect measure that could also reflect changes in availability of treatment and other factors. For this reason, The Oregonian examined treatment data from multiple states in combination with statistics on crime, emergency room admissions and arrests.

During the 1990s, the number of patients in Oregon, Washington and California admitted for meth abuse soared. But during the two periods in which federal authorities restricted access to the chemicals needed to make meth -- 1995-96 and 1998-99 -- clinics saw their meth caseloads sharply decline.

In those years, the numbers of patients diminished in Oregon, Washington and California, three states with different approaches to rehabilitation. That pattern was seen among people who voluntarily entered treatment and those ordered to do so by courts and child welfare agencies.

The Oregonian compared these treatment statistics with the number of trauma and overdose patients admitted to emergency rooms with meth in their blood. The patterns were identical.

The newspaper next examined arrests for methamphetamine possession in the same period. No statewide data were available for Oregon and Washington, but in California the numbers rose steadily except in 1995-96 and 1998-99.

Finally, the analysis turned to data on two crimes most commonly associated with meth users in Oregon: forgery and fraud. Data statewide, as well as for Portland and Salem, once again showed improvements in 1995-96 and 1998-99.

Police in Spokane; Salem; Sacramento; Kennewick, Wash.; and Phoenix reported the number of vehicles stolen monthly dipped or leveled off in 1995-96 and again in 1998-99 -- the same periods when other indicators of meth use were falling. Annual FBI data showed similar declines in rural counties of Arizona, New Mexico, California, Oregon, Idaho and Washington.

The similarity among these multiple measures of meth abuse was striking. The numbers of meth rehab patients, overdoses, arrests and property crimes moved in unison, matching one another in many cases across states down to the month.

Taken together, the data The Oregonian examined show there was good news hidden within the deluge of meth-related crime stories of the past decade.

But what caused such simultaneous, dramatic changes in the drug habits of individuals living thousands of miles apart?

The answer lay in the supply of the drug itself -- an aspect of the meth trade that turned out to be highly susceptible to government intervention.

## **Myths of meth**

The most common belief about meth is that its use has grown rapidly because anyone can make it. Television news features colorful scenes of houses ablaze after volatile meth chemicals used by home cooks ignite.

The reality: Despite the existence of thousands of such home labs across the country, federal drug agents say local users make very little of the meth consumed in the United States.

From Oregon to Iowa, the DEA estimates that four out of every five hits of meth are cooked by Mexican organized crime syndicates operating in California, where they began making the drug on a grand scale a decade ago.

Their ability to produce plentiful, highly pure meth propelled the drug's popularity.

In the 1970s, meth was a minor West Coast fad. California motorcycle gangs discovered the powerful stimulant first synthesized by a Japanese chemist in 1919.

In 1980, the bikers' main ingredient, phenyl-2-propanone, came under federal control. So, underground cooks turned to ephedrine, a mild stimulant whose main legal use was as an asthma medication. To their surprise, ephedrine made meth twice as potent.

Prosecutors say a small-time Mexican cocaine runner named Jesus Amezcua Contreras and his brother, Luis, saw the commercial possibilities.

"This was not some Laurel and Hardy, dumb bunch of bikers that made meth in their back yards," said Larry Cho, a federal prosecutor who obtained a 1994 indictment against Luis Amezcua in Orange County, Calif. "Those guys were starting to industrialize the methamphetamine process. They made it into a business."

The key to their success, DEA officials say, was a massive and steady supply of ephedrine.

By 1989, the U.S. government had regulated sales of ephedrine powder, but the law exempted sellers of ephedrine pills -- because the product was a legitimate asthma medication.

Some meth cooks began to tap a gray market that hawked these products in adult magazines as "energy boosters."

But the Amezcua brothers went to the source, prosecutors say, arranging directly or through middlemen to purchase bulk ephedrine powder from manufacturers in Germany, the Czech Republic, India and China. A federal indictment says the Amezcuas and their scouts roamed Europe and Asia, placing orders by the ton.



By 1992, the brothers were shipping unprecedented quantities of ephedrine into Mexico and on through Tijuana to Southern and Central California, according to court documents. There, the Amezcuas and other cartels that followed found plenty of migrant labor and mile after mile of open space in which to hide a revolutionary process for making meth.

Drug agents from San Diego to Sacramento began discovering labs that cooked meth in a flask the size of a beach ball, big enough to hold 11 two-liter bottles of soda. As many as 12 of these giant globes were strung together, for a capacity of 144 pounds of pure meth every 48 hours.

Cut to street purity, that amount of meth would equal 1 million doses -- enough to keep tens of thousands of heavy users high for days. By contrast, home-based labs produce about one ounce of meth at a time, enough for 280 doses.

Seemingly overnight, cookie-cutter copies of the mammoth labs were everywhere. The operators were migrant workers, paid and trained by mysterious benefactors to keep the labs running and their mouths shut.

The product entered existing Mexican distribution channels for heroin and cocaine that stretched as far as North Carolina.

As meth became more abundant, dealers had less need to dilute it. The drug's purity rose.

Purer drugs are more habit-forming, studies have shown. Primates and rats, trained to press a lever that releases a shot of drugs, learn the trick faster when the initial dosage is strong.

Purer drugs also reduce the cost of getting high. A \$25 bag of meth lasts longer. Numerous studies in both humans and animals show that when the "cost" goes down, users get high more often -- just as motorists choose to drive more when gasoline is cheap.

That is what happened with meth from 1991 to 1994.

The average purity of meth doubled nationally in those years, reaching more than 70 percent, according to a RAND Corp. analysis of DEA data.

The highly potent meth hit the street simultaneously in nearly every Western state, The Oregonian's analysis shows. Soon after, the numbers of people

entering rehab for methamphetamine addiction, arrested for meth possession and suffering overdoses began to rise.

Drug cartels had created a national habit by making meth plentiful and pure. But the secret to their success -- the ephedrine pipeline -- was about to be exposed.

### **The perfect storm**

One day in March 1994, a shipping agent in Frankfurt, Germany, made a mundane but fateful decision that would bring chaos to the market that the Amezcua brothers had built.

A customer with a shipment of 120 cardboard barrels bound for Mexico City had left explicit instructions to steer the load clear of U.S. ports. But the flight to Mexico City was overbooked and beyond its allowable cargo weight. Contrary to the shipper's wishes, the agent sent the load on a Lufthansa flight that landed in Dallas.

There, the shipment immediately raised suspicions. U.S. Customs agents on the tarmac noticed that the labels had been altered. They pried open the barrel lids and found 3.4 metric tons of pure ephedrine powder, enough to cook up more than 41 million doses of methamphetamine.

It was a lucky break. For the first time, federal investigators had evidence they could use to trace precisely who was supplying ephedrine to the Amezcuas.

Four months after the first multiton seizure, customs agents in Dallas seized another 2.4 tons of ephedrine. In October, Dutch authorities at Amsterdam's Schiphol Airport stopped a 6.9-ton shipment of ephedrine that was bound for Guadalajara.

Terry Woodworth, who recently retired as the DEA's deputy director of diversion control, called the string of discoveries "an eye-opener."

"We were, to be candid, not as aware of that situation as we should have been until the Dallas-Fort Worth seizures," Woodworth said.

DEA officials flew to a meeting of the International Narcotics Control Board in Vienna to confront their counterparts from the countries that had unwittingly helped the Amezcuas obtain their ephedrine. Within months, the manufacturing

countries and nations that were stopover points enacted stringent export restrictions.

In the United States, meanwhile, Congress had moved to choke off access to ephedrine pills, which had been protected from regulation and were being found by the millions in meth labs. A new law, requiring sellers of ephedrine pills to register with the government, was scheduled to take full effect in 1995. Many shady operators were scared away.

As a final blow, an IRS investigation led to a mail-order pill maker suspected of providing tons of ephedrine to the meth market in pill form. DEA agents shut down the Pennsylvania company in May 1995.

DEA officials say that in just 18 months, they and their foreign counterparts blocked or seized an estimated 170 to 200 tons of ephedrine. It was a sixth of the world's entire annual production.

"The hose was clamped," said Gene Haislip, former head of the DEA office that tracks chemical sales.

In California, the Amezcuas and other Mexican meth cartels felt the effects.

According to a DEA report written at the time, the standard, 55-pound drums of foreign ephedrine the traffickers called "tins" were going for as much as \$80,000, nearly double the old price. Eventually, the traffickers stopped buying tins altogether, aware that the only people with any to offer were undercover police.

Short on ephedrine, traffickers produced less meth, prompting dealers to dilute or "step on" the product. In late 1995, according to a California Bureau of Narcotics Enforcement internal bulletin, meth samples for the first time were found mixed with MSM, a veterinary analgesic that looks just like crystal meth.

Retail purity plummeted. Nationally, samples of the drug bought undercover fell to only 40 percent to 50 percent pure after peaking at 70 percent to 74 percent.

It was much the same in all the communities where the drug cartels had extended their distribution network. From Oregon to Missouri, meth seized by drug agents tested weaker and weaker.

In August 1995, a final sign of desperation emerged. Investigators in California's Central Valley seized a lab that made simple amphetamine, a much weaker stimulant that can be made without ephedrine. For months afterward, what was sold as meth was actually the less potent drug, according to law enforcement officials.

Relief came to communities meth had ravaged.

In 1996, for the first time in four years, the number of people in rehab for meth fell in 16 of the 24 states west of the Mississippi River; in five others, the growth in rehab patients dramatically slowed. Each had experienced double-digit annual growth in meth patients from 1992 through 1995. Now, the number was down: 18 percent in Oregon, 19 percent in California, 22 percent in Washington.

Numerous other indicators of meth abuse were falling: meth-related trauma and overdoses nationally; arrests for meth possession in California; car thefts in Salem and Spokane; forgeries in Phoenix and Portland.

The declining purity of meth had suddenly raised the cost of getting high and reduced the drug's addictive allure.

Multiple gauges indicated that meth users responded by cutting back, while some first-time users decided not to make meth a habit.

To people who believe drug addicts will achieve intoxication at any price, the findings would seem surprising. But to the numerous researchers who have found that users are sensitive to changes in price and purity, the outcome is perfectly logical.

"There's no doubt in my mind," said William Woolverton, a leading addiction researcher on primates at the University of Mississippi Medical Center. "If you reduce the dose of methamphetamine, you weaken methamphetamine-taking behavior."

In November 1995, the Amezcua brothers gathered with their underlings in Tijuana. According to a federal indictment, the Amezcua brothers discussed their plight. The disruption in their supply was forcing them to tap new sources. They were feeling the pressure.

### **Costly hesitations**

The perfect storm that rocked the Amezcua empire represented a rare opportunity in the battle against meth.

It barely made a ripple with Congress.

DEA officials moved to control pseudo ephedrine, ephedrine's chemical sibling and the ingredient they assumed the cartels would try next. But pressed by the pharmaceutical industry, lawmakers resisted.

Meth purity rose again as the Amezcuas made the switch.

In 1996, Congress required pseudo ephedrine sellers to register with the DEA, a major change. The law took effect the next year, chasing off some distributors who had supplied the meth trade. Meth purity began to fall, and with it addiction and crime.

Once again, the victory proved short-lived.

The DEA made limited use of its new powers, and the drug cartels slowly found other ways to obtain their chemicals.

In 1998, some pseudo ephedrine wholesalers with DEA permits started selling millions of pills to meth traffickers. By 1999, purity was on the rise again.

In 2000, the DEA cracked down, sending dozens of black-market wholesalers to prison. By then, other pseudo ephedrine brokers had found a new unregulated source: Canada, where the government had left open the same loopholes Congress had shut four years earlier.

Canada's imports of pseudo ephedrine jumped from 34 metric tons annually to about 140 tons in 2001. DEA officials say that additional amount was smuggled into the United States and driven to meth labs in California.

The DEA says Canadian pseudo ephedrine imports have declined since. And last month, agents announced a successful operation against a new threat, Canadian distributors of ephedrine powder.

"Breaking up these organizations will dramatically limit the availability of ephedrine in the United States and will have a significant effect on the large-scale production of methamphetamine," Deputy Administrator Michele Leonhart said in a statement.

But the most recent statistics on meth use show the number of addicts is rising, along with drug purity, suggesting that traffickers have found other overseas sources of supply.

Only one independent researcher has closely studied the issue.

In an article published last year in the journal *Addiction*, James Cunningham analyzed emergency room admissions in Nevada, California and Arizona. That study, based on a narrower range of data than *The Oregonian's*, reached the same conclusion: Controlling chemicals reduces meth abuse.

Cunningham, of the Public Statistics Institute in Irvine, Calif., said researchers are reluctant to acknowledge the value of law enforcement in curbing drug abuse. "A lot of people have turned this into an emotional issue or a political issue," he said. "We try to look at it as a health issue."

Former DEA officials who worked to squeeze the chemical supply said they have long understood the basic principle.

"If you don't have all the ingredients to make the pie," said John Buckley, a retired DEA diversion investigator, "the pie isn't going to come out right."

News researchers Lynne Palombo, Margie Gultry and Kathleen Blythe contributed to this story.

Coming tomorrow: Lobbyists and loopholes

## **RCHC Community Project Abstracts**

### **Methamphetamine use in Grant County: Development of a patient handout to increase methamphetamine treatment.**

**Project Date: 8/8/2005**

Methamphetamine use continues to be a growing and serious problem in the United States, with rural areas being affected particularly heavily. This project was designed to increase the use of treatment options by methamphetamine users in Grant County, with the creation of a brochure that is available to patients in the Emergency Room at Blue Mountain Hospital and Grant County Center for Human Development. Before this project, there was a lack of ready information for people who use methamphetamines about their treatment options locally and regionally. The attention grabbing and succinct brochure highlights the reasons why methamphetamine use is harmful, increases insight into the person's habit, and explains what options are available to help them quit. The handout can be easily altered to accommodate different regions of Oregon and the US, and it is hoped that it will increase the number of people who successfully quit their addiction to methamphetamines.

### **Meth Use During Pregnancy**

**Project Date: 7/4/2005**

Methamphetamine use during pregnancy is quickly becoming a major problem in rural Oregon. This study attempted to identify the health effects of meth use during pregnancy on the mother and the baby and the resources available in Klamath Falls for meth cessation. The design was a meeting with Molley Boham RN, instructor of prenatal classes at Cascades East Family Practice, and Merlaine Zwartverwer RN Maternity Care Coordinator for Cascades Comprehensive Care to determine the extent of meth use during pregnancy with their patients. A medline search for methamphetamine and pregnancy articles was then done, as well as an extensive Internet search, focusing on meth use in Oregon. I also consulted with Dr. Sohl, perinatologist for Southern Oregon. There are multiple opportunities to reach pregnant women including

office visits at Cascades East, office visits with Dr. Sohl, prenatal classes by Molley and home visits by Merlaine. However, there is currently no handouts or material about meth use being used. Therefore, the final product of this project was development of a patient handout for pregnant women coming to Cascades East or in Merlaine's program. Also, a presentation was given to all physicians at Cascades East to educate them about meth.

### **Substance Dependence In Josephine County**

**Project Date: 7/4/2005**

Background: The abuse of substances including tobacco, alcohol, and illicit drugs impact the wellbeing of the individual and drains the financial and social strength of the community. I-5 is a major corridor for drug traffic and smugglings. In Oregon, the nest of this problem appears to be small rural communities along this mega-highway such as those found within Josephine County, including but not restricted to Grants Pass, the site of my rural rotation. In Josephine County, 33% of adults were smokers in 2001; Alcohol was the eighth top cause of death in 2002; In 2004, the Josephine County Sheriffs office seized 25 methamphetamine labs, 7,891 marijuana plants, and 198,718 grams of drugs with a street value of \$19,479,868. This study examines the availability, accessibility, and effectiveness of medical treatment and rehabilitation services for individuals with substance dependence within Josephine County. Method: Research was conducted through the internet and yellow pages, followed by questionnaires and interviews with local Josephine county healthcare providers, a hospital social worker, an addiction counselor, and representatives of local rehabilitation programs involved in the care of individuals with substance dependence disorders. Results: Findings indicate a lack of funding, dwindling services and resources, and defective communication and referral protocols are among the sources of problems with access and quality of care for substance dependent individuals. Conclusion: I propose that protocol for referral and communication between the primary care community and the mental health/substance abuse treatment community be reevaluated by a committee of representatives from all involved parties and that new protocol be established and made clear to all members of these parties for the improvement of access and quality of care to patients. Meanwhile, a chart that lists local resources and summarizes some referral protocol was developed and distributed locally to several local primary care providers.

### **Prevalence of Methamphetamine Use In Jefferson County, Oregon**

**Project Date: 8/9/2004**



Methamphetamines use has major health and societal impacts in rural communities across the United States. A previous community project in Madras, Oregon, sought to educate high school students regarding the ill effects of methamphetamine use. That investigator acknowledged the prevalence of methamphetamine use in the area, but did not attempt to quantify the prevalence. The aim of this project was to try and provide some numbers and demographics of methamphetamine use in Jefferson County, Oregon. Because there is no single source where such information is stored and tracked, a number of different sources were queried.

### **Methamphetamine Use and Manufacturing in Lebanon, Oregon**

**Project Date: 7/7/2003**

For my community project I analyzed the problem of methamphetamine (meth) use in Lebanon. I was really interested in this topic because I know nothing about this drug and it is one of the most popular drugs in Lebanon. At the clinic I saw a number of patients who were meth addicts and was told by the doctors that its use and manufacturing is a significant problem in the community. The demographics of Lebanon include a very low socio-economic class of people who are either blue-collar workers or unemployed. Meth is cheap and easy to make and therefore tends to be very prevalent in rural towns like Lebanon. My goal in doing this community project was to find out what meth is, how it affects the body, how it is made, the prevalence of the problem and the options for treatment once a person becomes addicted. In order to answer these questions, I did extensive research on the Internet regarding general information about meth and its manufacturing; I interviewed a detective who works with the local drug enforcement program in Lebanon, and I interviewed a counselor who works at ACES, the only drug treatment center in Lebanon. Through these experiences, I was able to learn a wide range of information regarding meth. The following information is a summary of what I learned from my research.

### **Methamphetamine abuse: a growing problem in Central Oregon.**

**Project Date: 3/24/2003**

Methamphetamine abuse is a serious and growing problem throughout the United States, especially in rural communities. The prevalence of methamphetamine abuse is increasing in Madras, Oregon and the ill consequences of the problem are becoming obvious to the community at large. This project acknowledges the problem and identifies a high school population as needing education for primary prevention of methamphetamine use. The

design of the project was giving a thirty-minute presentation with a question and answer period to the health classes at Madras High School. Given that the average age of first methamphetamine use is in the mid-late teens, it was felt that the high school population needed to be informed of the problem, risks, and consequences of methamphetamine use. Also, handouts were given to the students written by the National Institute of Drug Abuse. The findings of this project were that the high school students had never been given information on methamphetamine use. They gained knowledge of this serious and growing problem in their community and the consequences of methamphetamine use.

### **Prevalence of Methamphetamine Abuse in Ontario High School, Ontario, Oregon: A demonstration of the spread of methamphetamine abuse to rural communities**

**Project Date: 11/4/2002**

Methamphetamine is a drug of abuse which has been traditionally used in urban areas by mostly white, male, blue collar workers on the west coast. Attributes of this drug, such as its low cost, ease of production, and longer half-life, have led to its spread into more rural areas. This study surveyed 104 high school students in Ontario, Oregon, a town of about 10,500 people, in order to identify attitudes regarding and use of methamphetamine in this rural community. Students were administered a 22 question survey designed to measure exposure, use of, and attitudes towards methamphetamine and other common drugs of abuse. While students generally acknowledged the danger of methamphetamine, comparing it to drugs like cocaine and heroin, 7.7% (8/104) acknowledged use of the drug, a rate nearly twice the national average. Further, 1 in 3 acknowledged having been in the presence of others intoxicated by methamphetamine, 1 in 4 stated they had friends who had used the drug, and a majority (52.9%) knew people who had used the drug. Methamphetamine was also readily available. Half stated that they knew someone who could give or sell them methamphetamine, and more than 1 in 5 (21.2%) had been offered the drug at some point. While exposure is rampant, the attitude that methamphetamine is a dangerous drug is prevalent. This presents a unique window of opportunity for the community of Ontario to address this problem amongst a still receptive audience.

### **Methamphetamine: Educating the Health Professionals of Rural Oregon**

**Project Date: 3/25/2002**

Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse. Methamphetamine abuse, long reported as the dominant drug problem in California, has now become a substantial drug problem in other sections of the Southwest and West, particularly Oregon. Portland consistently ranks 3rd-4th in major US metropolitan cities for positive urine drug screens at the time of arrest. However, recent data suggests that methamphetamine is rapidly becoming a larger problem in rural regions than urban centers. Methamphetamine use was traditionally associated with white, male, blue-collar workers, but is now being used by younger and more diverse population groups usually differing by geographic area. According to the 2000 National Household Survey on Drug Abuse, an estimated 8.8 million people (4.0% of the population) have tried methamphetamine at some time in their lives, and based on similar surveys it is thought that many of these people use on a regular basis. Another shocking result from the NHSDA survey found that an estimated 6.9% of US high school students have used methamphetamine at least once suggesting methamphetamine use is occurring more commonly in younger age groups. The purpose of this project was to put together recent national and statewide data in order to lead a discussion targeted to the health care professionals of Burns, Oregon about methamphetamine. Hopefully this information will increase their overall understanding of the drug, the increasing problem in rural America, the signs and symptoms of methamphetamine use, and some of the medical problems they are likely to see associated with it.

FOR RELEASE: March 23, 2005

**New Report Shows Proposed Foster Care Limits Would  
Mean More Child Abuse and More Crime**

**Oregon Law Enforcement Leaders Urge State's  
Congressional Delegation to Oppose Threats to Child and  
Public Safety**

**Salem, March 23** — Oregon law enforcement leaders today released a new report showing that a proposed new limit on national foster care funding would likely result in both more child abuse and, when abused children grow up, in more crime. They urged the state's congressional delegation to oppose this

dangerous abandonment of America's commitment to child and public safety.

Current law ensures that whenever Oregon has to provide more eligible abused and neglected children with foster homes, it can count on the federal government to provide a matching share of the needed support. However, in the next few months, Congress is expected to consider legislation that would place a rigid limit on national foster care funding to states. Senators Gordon Smith and Ron Wyden are members of the Senate Finance Committee, which will review this proposal to change foster care funding.

At a hearing before the Oregon House Health and Human Services Committee and at a news conference in the Capitol Press Room following the hearing, Oregon law enforcement leaders said that research shows that leaving kids in dangerous homes where they face continuing abuse and neglect increases the risk that they will become violent criminals by 27 percent. Four out of 10 children who are seriously abused and neglected and left in their homes, but later need to be placed in foster care because of further abuse, commit violent crimes when they grow up.

"It is simply wrong to abandon America's commitment to provide safe foster homes to children when we know that both their lives and our public safety are threatened," said Polk County Sheriff Robert Wolfe. "Oregon law enforcement leaders are counting on our senators and representatives to ensure abused and neglected children get safe foster homes."

The law enforcement leaders are representatives of the statewide anti-crime organization **Fight Crime: Invest in Kids Oregon**, which includes more than 100 police chiefs, sheriffs, prosecutors and crime victims. They acknowledged that the Oregon foster care system is now under intense scrutiny and recognized the careful deliberations underway to make improvements. They urged the Oregon State Legislature to send a resolution to the state's Congressional delegation opposing this threat to child and public safety.

Gresham Chief of Police Carla Piluso said that the limit on

national foster care dollars proposed by Representative Wally Herger (R-Calif.) would likely lead to a shortage of adequate foster homes, and to more abused and neglected children being left in homes where there is the threat of further abuse or neglect. In 2003, more than 9,000 children in Oregon were victims of child abuse or neglect, a 15 percent increase from 2001. There were 415 more Oregon children in need of foster care in 2003 than in 2001. Had the proposed funding limit gone into place in 2001, the number of Oregon children in need of foster care would have exceeded the limit in each of the following two years.

Oregon would not be alone in facing a shortage of safe foster homes for at-risk children under this proposed new limit on national foster care dollars. More than three-fourths of the states had an increase in demand for foster care in at least one of the four years from 1999 to 2003.

“When more children need foster care, what’s going to happen to them if the funds are capped?” said Martha Brooks, state director of **Fight Crime: Invest in Kids Oregon**. “Are the caseworkers going to have to say, ‘Well, we’re just going to have to leave this one at home, even though it’s not a safe place to be, because we just don’t have a safe alternative’?”

The law enforcement leaders expressed concern that the current methamphetamine epidemic in Oregon has increased the number of children who are abused and neglected and need safe foster homes. According to the report, *Abandoning Oregon’s Most Vulnerable Kids: Impact on Crime of Proposed Federal Withdrawal of Foster Care Funding Pledge*, Oregon has more methamphetamine addicts receiving treatment per capita than any other state in the country. In 2003, the state medical examiner recorded 78 meth-related deaths, a 20 percent jump from the year before, and 56 percent higher than in 2001.

According to The Oregonian, meth is the single biggest factor in the removal of children from abusive homes in Oregon. In Marion County, which has the highest rate of foster care in Oregon, 200 children were placed in foster care during the last three months of 2004, and many of them were pulled out of

meth labs in the middle of the night.

“Today methamphetamine is the new crack epidemic and police officers are already seeing more battered, neglected and abandoned children,” said Marion County Sheriff Raul Ramirez. “When we know that drugs will harm more children who will need safety in foster care, Washington must not cut the lifeline for Oregon’s abused and neglected children. If we don’t invest in foster care now, we’ll pay later when our communities and loved ones are at risk of higher crime and violence.”

“Foster homes represent crime prevention at its finest,” said Chief Piluso. “The warm, caring environment of a foster home builds children’s self confidence and makes them more likely to accept responsibility for their life choices, reducing the risk that they will become criminals.”

**Fight Crime: Invest in Kids Oregon** is part of the national anti-crime organization **Fight Crime: Invest in Kids**, made up of more than 2,000 law enforcement members.

The report is available at  
[www.fightcrime.org/reports/orfostercare.pdf](http://www.fightcrime.org/reports/orfostercare.pdf).

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The Oregon Foster Care report is attached to this e-mail as part of the written record being submitted.